

a disruptive threat.

Additionally, the Warden's documentation must indicate specifically what considerations are being made for mental health treatment, including possible referral to a mental health institution.

The Warden's review should be documented in memorandum format to the file, with a copy faxed to the Regional Director immediately upon completion. The memorandum should summarize the reports of each participant, followed by the Warden's decision

and justification. Group reviews of this type must be conducted within every 48-hour period following the initial 24-hour review. See Section 14.b., Use of Restraints Reporting Requirements, for detailed information on documenting the initial 24-hour, and subsequent 48-hour, reviews.

11. [USE OF CHEMICAL AGENTS OR NON-LETHAL WEAPONS §552.25. The Warden may authorize the use of chemical agents or non-lethal weapons only when the situation is such that the inmate:

- a. Is armed and/or barricaded; or,
- b. ~~Cannot be approached without danger to self or others; and,~~
- c. ~~It is determined that a delay in bringing the situation~~

~~under control would constitute a serious hazard to the inmate or others, or would result in a major disturbance or serious property damage.]~~

Qualified health personnel (Physician, Physician's Assistant, or nurse) shall be consulted prior to staff using chemical agents unless the circumstances require an immediate response.

Ordinarily, in a calculated use of force situation, the inmate's medical file must be reviewed by these personnel to determine whether the inmate has any diseases or conditions which would be dangerously affected if chemical agents or non-lethal weapons are used. This includes, but is not limited to: asthma, emphysema,

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bronchitis, tuberculosis, obstructive pulmonary disease, angina pectoris, cardiac myopathy, or congestive heart failure. Local procedures will be developed where 24 hour medical coverage is unavailable.

12. [MEDICAL ATTENTION IN USE OF FORCE AND APPLICATION OF RESTRAINTS INCIDENTS §552.26]

a. In immediate use of force situations, staff shall seek the assistance of mental health or qualified health personnel upon gaining physical control of the inmate. When possible, staff shall seek such assistance at the onset of the violent behavior. In calculated use of force situations, the use of force team leader shall seek the guidance of qualified health personnel (based on a review of the inmate's medical record) to identify physical or mental problems. When mental health staff

or qualified health personnel determine that an inmate requires continuing care, and particularly when the inmate to be restrained is pregnant, the deciding staff shall assume responsibility for the inmate's care, to include possible admission to the institution hospital, or, in the case of a pregnant inmate, restraining her in other than face down

four-point restraints.

b. After any use of force or forcible application of restraints, the inmate shall be examined by qualified health personnel, and any injuries noted immediately treated.]

If any staff involved in a use of force reports an injury, Health Services personnel should provide an immediate examination and initial emergency treatment as required. Staff may also seek treatment from their personal physician.

13. USE OF FORCE IN SPECIAL CIRCUMSTANCES. In certain extenuating circumstances, and after confrontation avoidance has failed or has proven to be impractical, staff may be forced to make a decision, such as whether to use force on a pregnant

inmate or an aggressive inmate with open cuts, sores, or lesions.

Special cases such as mentally ill, disabled, or pregnant inmates, after consultation with the Clinical Director, must be

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assessed carefully to determine whether the situation is grave enough to require the use of physical force.

a. **Pregnant Inmates.** When pregnant inmates have to be restrained, necessary precautions must be taken to ensure the fetus is unharmed. Health Services personnel must prescribe the necessary precautions, including decisions about the manner in which the inmate is to be restrained, i.e., whether medical personnel should be present during the application of restraints, whether the inmate should be restrained at the institutional hospital or a local medical facility, etc.

b. **Inmates with Wounds or Cuts.** Aggressive inmates with open cuts or wounds who have attempted to harm themselves or others should be carefully approached by staff in the prescribed protective clothing/gear. A full body shield should also be used during these encounters to protect staff. Aggressive inmates, after placement in restraints, should be placed in administrative detention and separated from other inmates.

Ordinarily, inmates of this status must remain in administrative detention until cleared to return to the general population by the Captain, Chief Psychologist, and the Clinical Director with the Warden's approval.

14. **[DOCUMENTATION OF USE OF FORCE AND APPLICATION OF RESTRAINTS INCIDENTS §552.27.]** Staff shall appropriately document all incidents involving the use of force, chemical agents, or

non-lethal weapons. Staff shall also document, in writing, the use of restraints on an inmate who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the inmate's central file.]

a. **Report of Incident.** A Use of Force Report (BP-E583) will be prepared on the use of force, chemical agents/pepper mace, progressive restraints, and non-lethal weapons. This reporting requirement includes the application of progressive restraints on an inmate who complies with the placement of the restraints.

The report must establish the identity of all involved in the incident; inmates, staff, and others. It must provide a vivid, detailed description of the incident. The report, including mental health/medical reports must be submitted to the Warden or designee no later than the end of the tour of duty. A copy of

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the report is to be placed in the inmate's central file. Copies are also to be sent within two work days to:

- (1) Assistant Director, Correctional Programs Division; (2) Assistant Director, Health Services Division;
- (3) Central Office Correctional Services Administrator; (4) Regional Director; and,
- (5) Regional Correctional Services Administrator.

A report is not necessary for the general use of restraints (for example, the routine movement or transfer of inmates).

b. Use of Restraints Reporting Requirements

Documented Reviews. The following reviews will be documented as indicated:

- (a) Fifteen-minute check - **fifteen-Minute Restraints**

Check Form (24 Hours) (BP-S0717.055);

- (b) Two-hour Lieutenant check - **Two-Hour Lieutenant**

Restraints Check Form (24 Hours) (BP-S0718.055);

- (c) Health Services Staff Review - **Health Services**

Restraint Review Form (24 Hours) (BP-S0719.055); and

- (d) Psychology Staff Check - **Psychology Services**

Restraint Review Form (24 Hours) (BP-S0720.055).

Staff must complete all forms until the inmate is released from restraints. The forms will be submitted to the Warden as required for periodic reviews of an inmate's placement in restraints. After release from restraints, these forms must be compiled and maintained in the Inmate's Central File and Special Investigative Supervisor's file.

- c. **Videotape of Use of Force Incidents.** Staff must obtain a video camera immediately and record any use of force incident, unless it is determined that a delay in resolving the situation would endanger the inmate, staff, or others, or would result in a major disturbance or serious property damage.

The video recording will also include any medical examination progstat.

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conducted after:

- ! the application of restraints,
- ! use of chemical agents,
- ! use of pepper mace, and/or
- ! use of non-lethal weapons.

Calculated use of force shall be videotaped following the sequential guidelines presented in the Correctional Services Manual. The original videotape must be maintained and secured as evidence in the SIS Office. A copy of every videotape, after review by the Warden (within four work days of the incident), unless requested sooner by the Regional Director, will be

provided immediately to the Regional Director for review. .

The Regional Director shall forward videotapes of questionable or inappropriate cases immediately to the Assistant Director, Correctional Programs Division, Central Office, for review.

When a threat to the safety of the inmate, staff or others, or property, requires an immediate response, staff are obligated to obtain a camera and begin recording the event as soon as feasible. As soon as control of the situation has been obtained staff must record information on:

- ! injuries;
- ! circumstances that required the need for immediate use of force; and
- ! identifications of the inmates, staff, and others involved.

d. **Documentation Maintenance.** The Captain must maintain all documentation, including the videotape and the original BP-E583, for a minimum of 2½ years. A separate file must be established on each use of force incident.

15. AFTER-ACTION REVIEW OF USE OF FORCE AND APPLICATION OF RESTRAINTS INCIDENTS. Following any incident involving the use of force (calculated or immediate) and the application of restraints, the Warden, Associate Warden (responsible for Correctional Services), Health Services Administrator, and Captain must meet and review the incident. The review is

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conducted to assess the rationale of the actions taken (e.g., if the force was appropriate and in proportion to the inmate's actions).

The review team should gather relevant information to determine if policy was adhered, and complete the standard After-Action Report (BP-E586), indicating the nature of the review and findings. The BP-E586 should be submitted within two working days after the inmate is released from restraints.

a. **Videotape Review.** The After-Action Review Team should review the actions of the staff for compliance with the Correctional Services Manual and this policy. At a minimum, this review should include the following:

! The Lieutenant displayed professional behavior during the Forced Cell Team technique.

! The Lieutenant ensured only the force necessary to control the inmate is used, based on the nature of the incident.

! The Lieutenant monitored the actions of the inmate and team members, and was not involved in supporting the inmate unless it is deemed necessary to prevent staff or inmate injury.

! The Use of Force Team members were wearing the proper protective gear.

! Unauthorized items such as towels, tape, surgical mask, hosiery, etc., was not being used.

! Introductions were made by the Lieutenant, Use of Force Team members, medical staff, and staff involved in the confrontation avoidance technique as well as

identifying all staff present, including those observing.

! Use of Force Team members used sound correctional judgment to ensure unnecessary pressure is not applied to the inmate.

! Use of Force Team members used only the amount of force necessary to gain control of the inmate.

! Inabilities to effectively gain control of the inmate are assessed and may indicate that additional training is necessary.

! There was continuous operation of the video and breaks were

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documented and appropriately justified.

! Prompt examination of the inmate followed the move and findings were noted on the video tape.

! The method of chemical agents used was predetermined and use of devices was in accordance with the Correctional Services Manual.

! The inmate was given the opportunity to voluntarily submit to the placement of restraints.

! Conversations were appropriate and necessary between team members and individuals during the use of force.

b. **Report Completion.** When this review is completed, an After-Action Review Report (BP-E586) must be completed, as soon as possible, not later than two working days after the inmate has been removed from restraints. This will ensure that staff with relevant information will be available and any necessary medical follow-up can be immediately provided to ascertain the nature of any injuries involved.

The Warden or designee will attest by his or her signature that the review was conducted and the use of force was appropriate or inappropriate.

~~c. Further Investigation.~~ The reviewers should also decide if the matter requires further investigation. If deemed

appropriate, the Warden will refer the matter for further investigation to the Office of Inspector General, Office of

Internal Affairs, or Federal Bureau of Investigation. Copies of the report must be forwarded to the Regional Director and Assistant Director, Correctional Programs Division, Central Office.

d. **Report on Restraints Use.** A report is not necessary for the general use of restraints. For example, a report is not required in the routine movement or transfer of inmates.

16. **TRAINING IN THE CONFRONTATION AVOIDANCE/USE OF FORCE TECHNIQUE.** In order to control any potential situation

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involving aggressive inmates, all staff must be made aware of their responsibilities through ongoing training. At a minimum, training must cover:

- # communication techniques,
- # cultural diversity,
- # dealing with the mentally ill,
- # confrontation avoidance procedures,
- # the application of restraints (progressive and hard), and
- # reporting procedures.

a. **Training Topics.** The Warden of each institution shall determine how many staff should be trained in confrontation avoidance procedures and forced cell move techniques. At a minimum, these staff shall be trained on an annual basis. Each staff member participating in a calculated forced cell move must have documented proof of annual training in these areas.

Training should also include specific information pertaining to special situations.

b. **Restraints Training.** Staff should be trained thoroughly in the use of both soft and hard restraints on an annual basis. The application of soft restraints to an inmate can be cumbersome if proper training is not provided.

Soft restraints such as vinyl or leather should be used prior to applying hard restraints. For pregnant inmates, the approved vinyl or leather restraint belt should be used instead of a metal waist chain, whenever possible, to prevent injury to the inmate or fetus.

/s/

Harley G. Lappin

Director

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Attachment B

Form 583 Report of Incident

Incident #: LEW-10-
0473

Submitted By: B. A. Bledsoe, Warden

Date/Time Of Incident: 6/22/2010 2:30 PM

Section 1: General Information

FBI Notified: No USMS Notified: No Incident Location: Housing Unit, Secured

Indicate Where Incident Occurred: Main Facility

Type Of Incident

- ☐ Assault On Inmate
- ☐ Assault On Staff
- ☐ Assault, Attempted On Inmate
- ☐ Assault, Attempted On Staff
- ☒ Disruptive Behavior
- ☐ Escape From Non-secure Facility
- ☐ Escape From Secure Facility
- ☐ Escape, Attempted From Non-secure Facility
- ☐ Escape, Attempted From Secure Facility
- ☐ Fight
- ☐ Inmate Death
- ☐ Institution Disturbance
- ☐ Introduction Of Contraband
- ☐ Lethal Weapons Discharge
- ☐ Self Mutilation
- ☐ Setting A Fire
- ☐ Sexual Act, Non-consensual On Inmate
- ☐ Sexual-Assault On Staff
- ☐ Sexual Contact, Abusive On Inmate
- ☐ Staff Homicide
- ☐ Strike, Food
- ☐ Strike, Work
- ☐ Suicide Attempt
- ☐ Use Of Force
- ☒ Use Of Force/Applications Of Restraints
- ☐ Use Of Restraints, Pregnant Inmate

Institution Locked Down: No

Cause Of Incident Known? No

Cause Of Incident

- ☐ Alcohol
- ☐ Commissary
- ☐ Debts
- ☐ Disrespect Issue
- ☐ Drugs
- ☐ Ethnic Conflict
- ☐ Food Issue
- ☐ Geographical Conflict
- ☐ Interfering with Staff duties
- ☐ Property Issue
- ☐ Racial Conflict
- ☐ Recreation Equipment
- ☐ Religious Issue
- ☐ Security Threat Group Conflict
- ☐ Sexual Pressure
- ☐ Sporting Events
- ☐ Telephone
- ☐ Theft
- ☐ Visiting
- ☐ Work Issue

Section 2: Inmates Involved

Reg #: 12585007

Name: HILL, DAVID

Role: Suspect

Medical Attention Required: No

Weapon (per inmate): No

Use of Force (per inmate): Yes

Chemical Used (per inmate): No

CIMS: Yes

STG: No

Restraints (per inmate): Prolonged

Restraints Authorized By: Bledsoe, B. A.

Date/Time Placed In Restraints: 6/22/2010 2:50 PM

Restraint Equipment Used: ☒ Hard ☐ Soft

Form 583 Report of Incident

Incident #: LEW-10-0473

Submitted By: B. A. Bledsoe, Warden

Date/Time Of Incident: 6/22/2010 2:30 PM

Restraint Method Used: ☐ Ambulatory ☐ 2-Point ☒ 4-Point

Death (per inmate): No

Section 3: Others Involved

No data found.

Section 4: Lethal Weapon Discharge

No data found.

Section 5: Use of Force

Use of Force Classification: Calculated, Planned Use Of Force

Staff Name	Medical Attention	Role
Walls, B.	No	Medical
Klinefelter, E.	No	UOF Team Member
Wise, G.	No	UOF Team Member
Hepner, J.	No	UOF Lieutenant
Vayda, J.	No	Camera Operator
Whittaker, K.	No	UOF Team Member
Hamilton, R.	No	UOF Team Member
Hicks, S.	No	UOF Team Member

Was Incident Videotaped? Yes

If Yes, Tape ECN: pend

If Yes, Was Video Tape Sequential? Yes

If No, Why:

Reason For Use Of Force

- ☒ Displayed Signs Of Imminent Violence
- ☒ Enforcement Of Institution Regulations

Chemicals Used

Chemical	Quantity
----------	----------

No data found.

Less-Lethal Weapons Used

Less-Lethal Weapon	Quantity
--------------------	----------

No data found.

Other Equipment Used

Other Equipment	Quantity
-----------------	----------

No data found.

Section 6: Description of Incident

Form 583 Report of Incident

Incident #: LEW-10-0473

Submitted By: B. A. Bledsoe, Warden

Date/Time Of Incident: 6/22/2010 2:30 PM

DESCRIPTION OF INCIDENT (If Use Of Force, include details such as name of supervisor applying the chemical agent and/or restraints, reasons for use of hard restraints instead of soft restraints, etc.) Please be clear about cause(s) of the incident in your description.

On June 22, 2010, at approximately 2:30 p.m., the East Lieutenant approached the first-floor shower in D-Block and ordered inmate David Hill #12585-007, to be moved to another cell. Inmate Hill refused to submit to hand restraints. Inmate Hill threatened to assault another inmate or a staff member. At approximately 2:45 p.m., the Warden was notified and authorized a Use of Force Team be assembled, confrontational avoidance procedures initiated, and the placement of Inmate Hill into four-point restraints. Confrontational avoidance procedures proved effective with inmate Hill submitting to hand restraints. Due to inmate Hill displaying signs of imminent violence towards staff or other inmates, he was visually searched and placed into four-point restraints at approximately 2:50 p.m.. Inmate Hill was medically assessed with no injuries noted. He was escorted to cell #024 in Z-Block without further incident. No staff injuries were reported.

Reference LEW-10-0469.

Section 7: Attachments

File Date	File Name	Original Entered By	Original Loc. Code
6/22/2010	conf avoid hill.pdf	TF18255	LEW
6/22/2010	lr hill.pdf	TF18255	LEW
6/22/2010	memos hill.pdf	TF18255	LEW
6/22/2010	roster.pdf	TF18255	LEW

Approved By: SUBMITTED

B. A. Bledsoe, Warden

Attachment C

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Walls, Bryan EMT-P	Race: BLACK
Encounter Date: 06/22/2010 14:45		Facility: LEW

Injury Assessment-Not Work Related encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Walls, Bryan EMT-P

Chief Complaint: Other Problem

Subjective: I/M was the subject of a Calculated Use of Force. On arrival of the team, he submitted to restraints and was removed from the cell. He was taken to the shower area, stripped, and visually searched. He was then re-dressed and ambulatory restraints were applied. I/M was escorted to Z-024 where he was placed supine in 4-pt restraints. Circulation and motor function were checked and found to be intact distal to the restraints after application. I/M offered no medical complaints and did not sustain any injuries during this Calculated Use of Force.

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/22/2010	14:45 LEW	84	Radial	Regular	Walls, Bryan EMT-P

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/22/2010	14:45 LEW	16	Walls, Bryan EMT-P

Exam:

General

I/M supine, AA&O; NAD; airway patent w/ adequate resps; skin normal color, warm, dry; MAE w/ purpose & coordination, Cap refill in finger tips <3 sec; (+) radial pulses; (+) dorsalis pedis pulses x2; No obvious injuries noted.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Other:

Initiate restraint checks

Patient Education Topics:

Full Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Walls, Bryan EMT-P	Race: BLACK
Encounter Date: 06/22/2010 14:45		Facility: LEW

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/22/2010	Not Done		Walls, Bryan	No Participation

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No

Completed by Walls, Bryan EMT-P on 06/22/2010 16:11
 Requested to be cosigned by Pigos, Kevin MD/Clinical Director.
 Cosign documentation will be displayed on the following page.

Attachment D



UNITED STATES GOVERNMENT MEMORANDUM

FEDERAL BUREAU OF PRISONS
UNITED STATES PENITENTIARY
LEWISBURG, PA.

DATE: June 22, 2010

TO: File

FROM: J. Hepner, Lieutenant

SUBJECT: Calculated Use of Force

On June 22, 2010, at approximately 2:00 pm, inmate David Hill, Reg. No. 12585-007 refused to submit to hand restraints and allow staff to remove him from the shower and escort him to his cell. Inmate Hill became disruptive and displayed signs of imminent violence by threatening to assault any inmate he was placed in a cell with. Due to his refusal of orders as well as his display of imminent violence, the Warden was notified and authorized a use of force team to be assembled to place inmate Hill in four point restraints. The decision to by pass ambulatory restraints was made due to inmate Hill's agitated state and his recent manipulation of ambulatory restraints. At approximately 2:30 pm, a use of force team was assembled and confrontation avoidance procedures were initiated with positive results. Inmate Hill submitted to hand restraints and was removed from the first floor shower in D unit. Inmate Hill was visually searched, placed in new clothes, and escorted to Z unit where he was placed in four point restraints in cell Z01-024 without further incident. Inmate Hill sustained no injuries. No staff injuries were reported.

Attachment E

BP-S717.055
DEC 05

Fifteen Minute Restraints Check Form (15-Hours) CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill</u>		Reg. No.: <u>12585-007</u>	Inst.: <u>USPLOW 86119</u>		
24-Hour Period Beginning: <u>6/22/10</u> Date		<u>9/5</u> Time	Ending: <u>6/22/10</u> Date <u>1:30 PM</u> Time		
Instructions: * Enter beginning and ending dates/times at top of form for each 24-hour period. * Staff must check the general welfare of the inmate every fifteen (15) minutes. * Use a separate form for every 24-hour period the inmate remains in restraints. * Write appropriate time of 15 minute check on time-line provided.		* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance. * Staff using this form must record their printed name and initials at the bottom of this form (reverse side) for later identification.			
TIME	COMMENTS	INIT	TIME	COMMENTS	INIT
9:15	Inmate sitting on bed	BT	12:30	Inmate sitting on bed	BT
9:30	Inmate lying on bed	BT	12:45	Inmate sitting on bed	BT
9:45	Inmate lying on bed	BT	1:00	Inmate sitting on bed	BT
10:00	Inmate lying on bed	BT	1:15	Inmate sitting on bed	BT
10:15	Inmate at door	BT	1:30	Inmate in shower taken out of restraints	BT
10:30	Inmate at door	BT			
10:45	I'm calling Escort staff "Eagets"	BT			
11:00	I'm still on the door	BT			
11:15	I'm sitting on desk	BT			
11:30	I'm sitting on desk	BT			
11:45	I'm lying on bed	BT			
12:00	I'm lying on bed	BT			
12:15	I'm lying on bed	BT			

PRINTED STAFF NAME	INIT
B. Tharp	BT
B. Shade	BS

PRINTED STAFF NAME	INIT

BP-S717.055

Fifteen Minute Restraints Check Form (24-Hours) CDFRM

DEC 05

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill, David</u>		Reg. No.: <u>12585-007</u>		Inst.: <u>USP Lewisburg</u>	
24-Hour Period Beginning: <u>6/22/10</u>		<u>245 PM</u>		Ending: _____	
Date		Time		Date	
Instructions: * Enter beginning and ending dates/times at top of form for each 24-hour period. * Staff must check the general welfare of the inmate every fifteen (15) minutes. * Use a separate form for every 24-hour period the inmate remains in restraints. * Write appropriate time of 15 minute check on time-line provided.			* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance. * Staff using this form must record their printed name and initials at the bottom of this form (reverse side) for later identification.		
TIME	COMMENTS	INIT	TIME	COMMENTS	INIT
11:00	I'm lying on bed	BT	01:15	I'm trying to sit up	BT
11:15	I'm lying on bed	BT	01:30	I'm lying on bed	BT
11:30	I'm lying on bed	BT	01:45	I'm lying on bed	BT
11:45	I'm lying on bed	BT	02:00	I'm lying on bed	BT
12:00	I'm lying on bed	BT	02:15	I'm lying on bed	BT
12:15	I'm checked by L.T.	BT	02:30	I'm lying on bed	BT
12:30	I'm lying on bed	BT	02:45	I'm lying on bed	BT
12:45	I'm lying on bed	BT	03:00	I'm lying on bed	BT
01:00	I'm lying on bed	BT	03:15	I'm lying on bed	BT
01:15	I'm lying on bed	BT	03:30	I'm lying on bed	BT
01:30	I'm lying on bed	BT	03:45	I'm lying on bed	BT
01:45	I'm lying on bed	BT	04:00	I'm lying on bed	BT
02:00	I'm lying on bed	BT	04:15	I'm lying on bed	BT
02:15	I'm lying on bed	BT	04:30	I'm lying on bed	BT
02:30	I'm lying on bed	BT	04:45	I'm lying on bed	BT
02:45	I'm lying on bed	BT	05:00	I'm lying on bed	BT
03:00	I'm lying on bed	BT	05:15	I'm lying on bed	BT
03:15	I'm lying on bed	BT	05:30	I'm lying on bed	BT
03:30	I'm lying on bed	BT	05:45	I'm lying on bed	BT
03:45	I'm lying on bed	BT	06:00	I'm lying on bed	BT

PRINTED STAFF NAME	INIT
<u>J Wagner</u>	<u>W</u>

PRINTED STAFF NAME	INIT

PRINTED STAFF NAME	INIT

BP-S717.055

Fifteen Minute Restraints Check Form (24-Hours) CDFRM

DEC 05

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill, David</u>		Reg. No.: <u>12585-007</u>		Inst.: <u>USP Lewisburg</u>	
24-Hour Period Beginning: <u>6/22/10</u>		<u>245 PM</u>		Ending: _____	
Date		Time		Date	
Instructions: * Enter beginning and ending dates/times at top of form for each 24-hour period. * Staff must check the general welfare of the inmate every fifteen (15) minutes. * Use a separate form for every 24-hour period the inmate remains in restraints. * Write appropriate time of 15 minute check on time-line provided.			* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance. * Staff using this form must record their printed name and initials at the bottom of this form (reverse side) for later identification.		
TIME	COMMENTS	INIT	TIME	COMMENTS	INIT
9:45	I/m laying on bed	DW	1:15	I/m lying on bed	KE
10:00	I/m given 8oz water	DW	1:30	I/m lying on bed	KE
10:15	I/m laying on bed	DW	1:45	I/m lying on bed	KE
10:30	I/m lying on bed	KE	2:00	I/m lying on bed	KE
10:45	I/m lying on bed	KE	2:15	I/m given 8oz of water	KE
11:00	I/m lying on bed	KE	2:30	I/m lying on bed	KE
11:15	I/m lying on bed	KE	2:45	I/m lying on bed	KE
11:30	I/m lying on bed	KE	3:00	I/m lying on bed	KE
11:45	I/m lying on bed	KE	3:15	I/m lying on bed	KE
12:00 AM	I/m lying on bed	KE	3:30	I/m lying on bed	KE
12:15	I/m lying on bed	KE	3:45	I/m lying on bed	KE
12:30	I/m lying on bed	KE	4:00	I/m lying on bed	KE
12:45	I/m lying on bed	KE	4:15	I/m lying on bed	KE
1:00	I/m lying on bed	KE	4:30 AM	I/m lying on bed	KE

PRINTED STAFF NAME	INIT
J. Wagner	DW
K. Eger	KE

PRINTED STAFF NAME	INIT

BP-S717.055

Fifteen Minute Restraints Check Form (24-Hours) CDFRM

DEC 05

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill, David</u>		Reg. No.: <u>18585-007</u>		Inst.: <u>USP Lewisburg</u>	
24-Hour Period Beginning: <u>6-23-10</u> Date		<u>4:45 AM</u> Time		Ending: _____ Date Time	
Instructions: * Enter beginning and ending dates/times at top of form for each 24-hour period. * Staff must check the general welfare of the inmate every fifteen (15) minutes. * Use a separate form for every 24-hour period the inmate remains in restraints. * Write appropriate time of 15 minute check on time-line provided.			* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance. * Staff using this form must record their printed name and initials at the bottom of this form (reverse side) for later identification.		
TIME	COMMENTS	INIT	TIME	COMMENTS	INIT
4:45 AM	I'm lying on bed	KE	5:15	I'm lying on bed	BT
5:00	I'm lying on bed	KE	5:30	I'm lying on bed/shaking foot	BT
5:15	I'm lying on bed	KE	5:45	I'm asked how soon I was coming	BT
5:30	I'm lying on bed	KE	5:55	I'm lying on bed/banging	BT
5:45	I'm lying on bed	KE	6:00	I'm lying on bed/yellings	BT
6:00	I'm lying on bed	KE	6:15	I'm lying on bed	BT
6:15	I'm lying on bed	KE	6:30	I'm checked by LT	BT
6:30	I'm lying on bed	KE	6:45	I'm lying on bed/shaking foot	BT
6:45	I'm lying on bed	KE	7:00	I'm lying on bed/shaking foot	BT
7:00	I'm lying on bed	KE	7:15	I'm lying on bed	BT
7:15	I'm lying on bed	KE	7:30	I'm lying on bed	BT
7:30	I'm lying on bed	KE	7:45	I'm lying on bed	BT
7:45	I'm lying on bed	KE	8:00	I'm lying on bed	BT
8:00	I'm lying on bed	KE	8:15	I'm lying on bed	BT
8:15	I'm lying on bed	KE	8:30	I'm lying on bed	BT
8:30	I'm lying on bed	KE	8:45	I'm lying on bed	BT
8:45	I'm lying on bed	KE	9:00	I'm lying on bed	BT
9:00	I'm lying on bed	KE	9:15	I'm lying on bed	BT
9:15	I'm lying on bed	KE	9:30	I'm lying on bed	BT
9:30	I'm lying on bed	KE	9:45	I'm lying on bed	BT
9:45	I'm lying on bed	KE	10:00	I'm lying on bed	BT
10:00	I'm lying on bed	KE	10:15	I'm lying on bed	BT
10:15	I'm lying on bed	KE	10:30	I'm lying on bed	BT
10:30	I'm lying on bed	KE	10:45	I'm lying on bed	BT
10:45	I'm lying on bed	KE	11:00	I'm lying on bed	BT
11:00	I'm lying on bed	KE	11:15	I'm lying on bed	BT
11:15	I'm lying on bed	KE	11:30	I'm lying on bed	BT
11:30	I'm lying on bed	KE	11:45	I'm lying on bed	BT
11:45	I'm lying on bed	KE	12:00	I'm lying on bed	BT

PRINTED STAFF NAME	INIT
K. Eger	KE
A. Eger	AE
E. Eger	EE

PRINTED STAFF NAME	INIT

BP-S717.055
DEC 05

Fifteen Minute Restraints Check Form (4-Hours) CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill, David</u>		Reg. No.: <u>12585-007</u>		Inst.: <u>USP Lewisburg</u>	
24-Hour Period Beginning: <u>6/23/10</u> Date		<u>545 AM</u> Time		Ending: <u>6/24/10</u> Date <u>12:30 AM</u> Time	
Instructions: * Enter beginning and ending dates/times at top of form for each 24-hour period. * Staff must check the general welfare of the inmate every fifteen (15) minutes. * Use a separate form for every 24-hour period the inmate remains in restraints. * Write appropriate time of 15 minute check on time-line provided.			* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance. * Staff using this form must record their printed name and initials at the bottom of this form (reverse side) for later identification.		
TIME	COMMENTS	INIT	TIME	COMMENTS	INIT
5:45	I/m laying on bed	JW	9:15	I/m lying on bed	JW
6:00	I/m lying on bed	MDK	9:30	I/m lying on bed	JW
6:15	I/m lying on bed	KE	9:45	I/m lying on bed	JW
6:30	I/m laying on bed	JW	10:00	I/m given 8 oz water	JW
6:45	I/m laying on bed	JW	10:15	I/m lying on bed	JW
7:00	I/m lying on bed	JW	10:30	I/m lying on bed	KE
7:15	I/m lying on bed	JW	10:45	I/m lying on bed	KE
7:30	I/m lying on bed	JW	11:00	I/m lying on bed	CR
7:45	I/m lying on bunk	MDK	11:15	I/m lying on Bed	CR
8:00	I/m lying on bunk	JW	11:30	I/m lying on Bed	CR
8:15	I/m lying on bunk	JW	11:45	I/m lying on Bed	CR
8:30	I/m lying on bunk	JW	12:00	I/m lying on Bed	CR
8:45	I/m lying on bed	KE	12:15	I/m lying on Bed	CR
9:00	I/m lying on bed	JW	12:30	I/m lying on Bed	CR

PRINTED STAFF NAME	INIT
J. W. [unclear]	JW
M. Kemmerer	MDK
K. Eger	KE
C. [unclear]	CR

PRINTED STAFF NAME	INIT

BP-S717.055
DEC 05

Fifteen Minute Restraints Check Form (24-Hours) CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill, David</u>		Reg. No.: <u>12585-007</u>		Inst.: <u>USP Levensburg</u>	
24-Hour Period Beginning: <u>6/24/10</u>		Time: <u>12:45 am</u>		Ending: <u>6-24-10</u> <u>7:30</u>	
Date		Time		Date	
Instructions: * Enter beginning and ending dates/times at top of form for each 24-hour period. * Staff must check the general welfare of the inmate every fifteen (15) minutes. * Use a separate form for every 24-hour period the inmate remains in restraints. * Write appropriate time of 15 minute check on time-line provided.			* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance. * Staff using this form must record their printed name and initials at the bottom of this form (reverse side) for later identification.		
TIME	COMMENTS	INIT	TIME	COMMENTS	INIT
12:45	I/m lying on Bed	CR	4:15	I/m lying on Bed	CR
1:00	I/m lying on Bed	CR	4:30	I/m lying on Bed	CR
1:15	I/m lying on Bed	CR	4:45	I/m lying on Bed	CR
1:30	I/m lying on Bed	CR	5:00	I/m lying on Bed	CR
1:45	I/m lying on Bed	CR	5:15	I/m lying on Bed	CR
2:00	I/m lying on Bed / restraints checked	CR	5:30	I/m lying on Bed	CR
2:15	I/m lying on Bed	CR	5:45	I/m lying on bed	CR
2:30	I/m lying on Bed	CR	6:00	I/m lying on Bed	CR
2:45	I/m lying on Bed	CR	6:15	I/m lying on Bed	CR
3:00	I/m lying on Bed	CR	6:30	I/m lying on Bed	CR
3:15	I/m lying on Bed	CR	6:45	lying on Bench	PK
3:30	I/m lying on Bed	CR	7:00	lying on Bench	PK
3:45	I/m lying on Bed	CR	7:15	lying on Bench	PK
4:00	I/m lying on Bed	CR	7:30	lying on Bench	PK

PRINTED STAFF NAME	INIT
G. Rothermel	CR
R. HANVES	PK

PRINTED STAFF NAME	INIT